

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Taxi
Certificate for J.C. Smith

222167
222168
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2009-277-T
NUMBER: 1994 - 538 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: * J.C. Smith

Telephone: * 843-469-4975

Address: * 522 N Jefferson Street

Fax: *

* Florence, SC 29506

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☒ Request for Reinstatement

RECEIVED

MAR 1 2010

ORS
T.T.W.W.W

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

MAR 01 2010

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

2/24/10

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 6126
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

RECEIVED

MAR 1 2010

ORS
T.T.W.W.W

My certificate was revoked/cancelled on 10-14-09 because I failed to
(DATE)
submit a 2008 Annual Report.

☒ I am seeking reinstatement because mine was cancelled, I want to Reinstate.

J. C. Smith

(Name of Company)

DBA N/A

(if applicable)

* 522 North Jefferson
(Street Address)

* 522 North Jefferson St
(Mailing Address if different from Street Address)

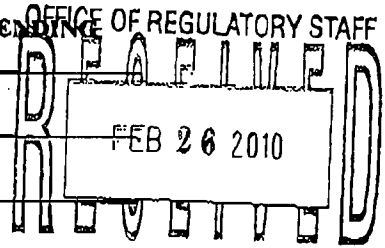
* Florence SC 29506
(City, State, Zip Code)

* J.C. Smith
(Signature)

* 8436694975
(Telephone Number)

* _____
(Title) Owner, President, etc.

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING



CARRIER NAME J.C. Smith
STREET ADDRESS 522 North Jefferson Street
CITY, STATE, ZIP CODE Florence SC 29506
MAILING ADDRESS 522 North Jefferson Street
CITY, STATE, ZIP CODE Florence SC 29506
TELEPHONE NUMBER (AREA CODE) (843) 6694975
FEDERAL IDENTIFICATION NUMBER _____

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ _____ (Money paid to employees)
3. Rent \$ _____ (vehicles, office)
4. Other \$ _____ uses that are not included in the other categories)
5. Total Expenses \$ _____
6. Net Operating Income (Loss) \$ _____ (#1 minus line #5)

7. Insurance Co. Name/Policy No. Market Insurance Company
No. of Vehicles Insured: 1

8. Decal Fees Paid YES (☒) No () No. of Vehicles 1
(through June of Current Year)